



Please return completed reports to:
Office of the Comptroller
Local Government Division
100 W. Randolph Street, Suite 15-500
Chicago, IL 60601-3252
Tel: (877) 304-3899

Unit Name:

County:

Unit Code:

I attest that, to the best of my knowledge, this report represents a complete and accurate statement of the financial position of the government as of the end of this fiscal year.

Written signature of government official

Date

Print Name: _____

Title:

PLEASE CROSS OUT ALL INCORRECT INFORMATION AND PROVIDE CORRECTIONS

➤ STEP 1: ENTER CONTACT INFORMATION

Is the following information correct and complete? Yes No

☐ If the Chief Executive Officer and the Chief Financial Officer are the same person as the Contact Person, please check this box and skip to Step 2. If not, please do not leave columns B and C blank.

A. Contact person (elected or appointed official responsible for filling out this form):		B. Chief Executive Officer (elected or appointed official responsible for the executive administration, i.e. mayor, supervisor, or chairman):		C. Chief Financial Officer (elected or appointed official responsible for maintaining the government's financial records):	
First:	Last:	First:	Last:	First:	Last:
Title:		Title:		Title:	
Add:		Add:		Add:	
City:		City:		City:	
State:		State:		State:	
Zip:		Zip:		Zip:	
Phone:	Ext:	Phone:	Ext:	Phone:	Ext:
Fax:		Fax:		Fax:	
E-mail:		E-mail:		E-mail:	

➤ **STEP 2: VERIFY FISCAL YEAR END**

FY END DATE: / /2008

If the fiscal year end date listed above, is incorrect, cross out the incorrect date and provide the correct date. Official documentation of this change must be sent with the AFR before the fiscal year end date can be changed.

➤ **STEP 3: GASB 34, ACCOUNTING SYSTEM, AND DEBT**

A. Has your government implemented GASB 34 in FY 2008 or in previous reporting years? ____ Yes ____ No

If yes:

- * *Stop! You can not use the Abbreviated form.*
- * *Please fill out a **Special Purpose Long Form** and the Alternative Assets & Liabilities page, located on page F1 (b).*

B. Which type of accounting system does the government use:

☒ Cash – with no assets (Cash Basis)

*If your government uses an accounting method other than Cash – with no assets (Cash Basis), please complete the **Special Purpose Long Form**.*

C. Does the government have bonded debt this reporting fiscal year? ____ Yes ____ No

If “Yes”, indicate the type(s) of debt and complete the Debt section, located on page F1.

____ G.O. Bonds ____ Revenue Bonds ____ Alternate Revenue Bonds

D. Does the government have debt, other than bonded debt this reporting fiscal year? ____ Yes ____ No

If “Yes”, indicate the type(s) of debt and complete the Debt section, located on page F1.

____ Contractual ____ Other (explain)_____

UNIT NAME:
Unit Code Number:

➤ **STEP 4: POPULATION, EAV, AND EMPLOYEES**

^What is the total population of the government?	
What is the total EAV of the government?	\$
*How many full time employees are paid?	
* How many part time employees are paid?	
What is the total salary paid to all employees?	\$

^Or provide estimated population

*Do not include contractual employees.

➤ **STEPS 5 AND 6: APPROPRIATION**

Provide the appropriation for the primary government.

Total Appropriations [^]	\$
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[^]If the Primary Government or Component Unit does NOT budget or levy taxes, please enter the unit's TOTAL EXPENDITURES.

UNIT NAME:
Unit Code Number:

➤ **STEP 7: AUDITS**

Provide CPA's information if the government is required to submit an audit to the Office of the Comptroller.

Firm Name:	
CPA's first name:	
CPA's last name:	
CPA's title:	
Address:	
City:	
State:	
Zip:	
Phone:	(____) _____ - _____
Fax:	
Email:	
State Registration Number:	_____ - _____

➤ **STEP 8: OTHER GOVERNMENTS**

Indicate any payments the government has made to other governments for services or programs (include programs performed on a reimbursement, cost-sharing basis or federal payroll taxes).

Intergovernmental agreements – indicate how much was paid	\$
Federal government payroll taxes	\$
All other intergovernmental payments	\$

UNIT NAME:
Unit Code Number:

➤ **STEP 9: FUND LISTING**

List all funds, indicate the amount spent in FY 2008 for each fund. Also indicate the Fund Type (fund types are at the top of each column on the Financial page.

If pre-printed data appears it is based on forms submitted last year. Please make all necessary corrections. If you have more fund names than the rows provided below, please indicate them on an attachment.

Fund Name	Expenditure	Fund Type	FY End
	\$		/ / 2008
	\$		/ / 2008
	\$		/ / 2008
	\$		/ / 2008
	\$		/ / 2008
	\$		/ / 2008
Total Expenditures	\$		

➤ STEP 10: GOVERNMENTAL ENTITIES

List the governmental entities that are part of or related to the primary government. Exclude component units detailed in Step 5 & 6. Most small governments do not have governmental entities.

Entity Name	Relationship

➤ STEP 11: REPORTING

Check any state or local entity where financial reports are filed.

STATE AGENCIES	
<input type="checkbox"/> - Board of Education	<input type="checkbox"/> - Board of Higher Education
<input type="checkbox"/> - DCEO	<input type="checkbox"/> - Department of Insurance
OTHER STATE OR LOCAL OFFICES	
<input checked="" type="checkbox"/> - Illinois Comptroller	<input type="checkbox"/> - Secretary of State
<input type="checkbox"/> - General Assembly – House	<input type="checkbox"/> - General Assembly – Senate
<input checked="" type="checkbox"/> - County Clerk	<input type="checkbox"/> - Circuit Clerk
<input type="checkbox"/> - Governor's Office	<input type="checkbox"/> - Other - _____

REVENUES				
Code	Description	General	Special Revenue	Other Funds
201	Property Taxes			
204	Other Local Taxes			
214	State Replacement			
215	Other State Sources			
225	Federal			
234	Charges for Services			
235	Interest			
236	Misc. / Other Local Sources			
240	TOTAL RECEIPTS AND REVENUES			

EXPENDITURES				
Code	Description	General	Special Revenue	Other Funds
251	General Government			
252	Public Safety			
255	Transportation/ Public Works			
256	Social Services			
257	Culture/Recreation			
259	Debt			
280	Capital Outlay			
260	Other Expenditures or Expenses			
270	TOTAL EXPENDITURES			

FUND BALANCE				
Code	Description	General	Special Revenue	Other Funds
301	Revenues - Expenditures (240-270)			
307	Beginning Fund Balance			
308	Other (Explain)			
310	Current Year Ending Fund Balance			

DEBT			
Code	Description	All Funds	Helpful Hints
405	Debt Outstanding at Beginning of Year		Code 405 + Code 411 subtotal
411	Debt Issued during Current Fiscal Year		
417	Retired/Paid off during current fiscal Year		- Code 417
423	Outstanding End of Year Debt		TOTAL/Code 423